

Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order.

- ☐ Face Sheet (2 pages)
- ☐ MFA Information Form (2 pages)
- ☐ Explanation of budget deficit or surplus, if applicable
- ☐ Statement of Purpose/Mission Statement and History (not to exceed one page)
- ☐ Strategic Plan Summary (not to exceed two pages)
- ☐ Institutional Financial Statements
- ☐ Narrative (not to exceed seven pages)
- ☐ Schedule of Completion
- ☐ Project Budget Forms
 - ☐ Summary Budget
 - ☐ Detailed Budget
 - ☐ Budget Justification
- ☐ Proof of current, federally negotiated rate for indirect costs, if applicable
- ☐ Proof of Non-profit Status, if applicable
- ☐ Assurances/Certification of Authorizing Official
- ☐ Specifications for projects involving digitization, if applicable
- ☐ List of key project staff and consultants
- ☐ Resume(s) for key project personnel (not to exceed two pages per person)
- ☐ Attachments (not to exceed 20 pages)

IMLS Face Sheet

OMB No. 3137-0048

08/31/2005

CFDA No. 45.301

1. APPLICANT ORGANIZATION

Legal Name _____

Address 1 _____

Address 2 _____

City _____ County _____ State _____

Zip + 4/Postal Code _____ Congressional District _____

DUNS Number _____ Employer Identification Number (EIN/TIN) _____

Web Address http:// _____

2. PROJECT INFORMATION

Project Title _____

Project Description _____

Grant Period Start Date _____ End Date _____

(must begin between 8/1/06-11/1/06)

3. PROJECT DIRECTOR

Prefix _____ First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Title _____

Address 1 _____

Address 2 _____

City _____ County _____ State _____

Zip + 4/Postal Code _____ E-mail _____

Phone _____ Fax _____

4. PRIMARY CONTACT/GRANTS ADMINISTRATOR**Same as Project Director (skip to item 5)** ☐

Prefix _____ First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Title _____

Address 1 _____

Address 2 _____

City _____ County _____ State _____

Zip + 4/Postal Code _____ E-mail _____

Phone _____ Fax _____

CONTINUE TO LINE 5

5. TYPE OF APPLICANT: CHECK THE ONE APPLICANT TYPE THAT APPLIES

- ☐ State Government
☐ County Government
☐ City or Township Government
☐ Special District Government
☐ Regional Organization
☐ U.S. Territory or Possession
☐ Independent School District
☐ Public/State Controlled Institution of Higher Learning
☐ Indian/Native American Tribal Government (Federally Recognized)
☐ Indian/Native American Tribal Government (Other than Federally Recognized)
☐ Indian/Native American Tribally Designated Organization
☐ Public/Indian Housing Authority
☐ Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
☐ Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
☐ Private Institution of Higher Education
☐ Individual
☐ For-Profit Organization (Other than Small Business)
☐ Small Business
☐ Hispanic-serving Institution
☐ Historically Black Colleges and Universities (HBCU's)
☐ Tribally Controlled Colleges and Universities (TCCUs)
☐ Alaska Native and Native Hawaiian Serving Institutions
☐ Non-domestic (non-US) Entity
☐ Other (specify)_____

6. AUTHORIZED REPRESENTATIVE/AUTHORIZING OFFICIAL

By signing the application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

(U.S. Code, Title 218, Section 1001) ☐ I Agree

**Certifications and Assurances, are set forth in the IMLS guidelines for the program to which application is made.

Prefix _____ First Name _____ Middle Initial _____
 Last Name _____ Suffix _____
 Title _____
 E-mail _____ Phone _____ Fax _____

Signature of Authorized Representative/Authorizing Official

Date Signed

Museums for America (MFA) Information

1. Legal Name _____
 Organizational Unit (if different from Legal Name) _____
 Address _____ City _____
 Country _____ State _____ Zip+4/Postal Code _____

2. Type of museum (*check one*)

- | | |
|---|--|
| <input type="checkbox"/> Aquarium | <input type="checkbox"/> Nature Center |
| <input type="checkbox"/> Arboretum/Botanical Garden | <input type="checkbox"/> Natural History museum |
| <input type="checkbox"/> Art museum | <input type="checkbox"/> Planetarium |
| <input type="checkbox"/> Children's/youth museum | <input type="checkbox"/> Science/technology museum |
| <input type="checkbox"/> General museum* | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Historic house/site | <input type="checkbox"/> Specialized** |
| <input type="checkbox"/> History museum | <input type="checkbox"/> Other _____ |

* A museum with collections representing two or more disciplines equally (e.g., art and history).

** A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group).

3. Museum's attendance for the 12-month period prior to the application.

Onsite _____ Offsite _____ Electronic _____

4. Total number of hours the museum was open to the public for the 12-month period prior to the application _____

5. Year the Museum was first open and exhibiting to the public. _____

6. Number of full-time paid museum staff _____ 7. Number of part-time paid museum staff _____

8. Number of full-time unpaid museum staff _____ 9. Number of part-time unpaid museum staff _____

10.

Fiscal Year	Revenue/ Support/Income	Expenses/ Outlays	Budget Deficit (if applicable)**	Budget Surplus (if applicable)**
Most recently completed FY 20____	\$ _____	\$ _____	(\$ _____)	\$ _____
Second most recently completed FY 20____	\$ _____	\$ _____	(\$ _____)	\$ _____

** If Institution has a budget deficit or surplus for either of the two most recently completed fiscal years, please attach a single sheet behind this face sheet to explain the circumstances of this deficit or surplus.

CONTINUE TO LINE 11

11. Total Amount Requested \$ _____ .00

12. Amount of Cost Share \$ _____ .00

13. Type of project (*check only one category*) ☐ Sustaining Cultural Heritage ☐ Supporting Lifelong Learning
☐ Serving as Centers of Community Engagement

14. Summary of project activities (2,000 maximum character count):

Project Budget Form

SECTION 1: SUMMARY BUDGET

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.5 – 3.8 BEFORE PROCEEDING.

DIRECT COSTS

	IMLS	Cost Share	Total
SALARIES & WAGES	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____
CONSULTANT FEES	_____	_____	_____
TRAVEL	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____
SERVICES	_____	_____	_____
OTHER	_____	_____	_____
TOTAL DIRECT COSTS	\$ _____	\$ _____	\$ _____
INDIRECT COSTS	\$ _____	\$ _____	\$ _____
TOTAL PROJECT COSTS			\$ _____

AMOUNT OF COST SHARE \$ _____

AMOUNT OF IN-KIND CONTRIBUTIONS \$ _____

TOTAL AMOUNT OF COST SHARE (CASH & IN-KIND CONTRIBUTIONS) \$ _____

AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS \$ _____

PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS _____ %
(MAY NOT EXCEED 50%)

Have you received or requested funds for any of these project activities from another federal agency?
(Please check one) ☐ Yes ☐ No

If yes, name of agency _____

Request/Award amount _____

Project Budget Form

SECTION 2: MUSEUMS FOR AMERICA DETAILED BUDGET

Year ☐ 1 ☐ 2 ☐ 3

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$		_____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL SERVICES COSTS \$		_____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL OTHER COSTS \$		_____	_____	_____

TOTAL DIRECT PROJECT COSTS \$ _____
--

INDIRECT COSTS

Read the instructions about Indirect Costs on pages 3.6 to 3.7 before completing this section.

Applicant organization is using (check one)

- ☐ An indirect cost rate that does not exceed 15 percent
☐ A current, federally negotiated indirect cost rate

Name of Federal Agency

Expiration Date of Agreement

- ☐ A proposed rate while negotiating a federally negotiated indirect cost rate (must include the indirect cost proposal in the application material)

Name of Federal Agency

Date of initial proposal

Indirect Cost Calculations

_____% of \$_____ (modified direct IMLS costs) = \$_____ IMLS indirect portion

_____% of \$_____ (modified direct Cost Share costs) = \$_____ Cost Share indirect portion

Total indirect costs = \$_____

Project Budget Form

SECTION 2: MUSEUMS FOR AMERICA DETAILED BUDGET

Year ☐ 1 ☐ 2 ☐ 3 – Budget Period from ____/____/____ to ____/____/____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.4–3.5 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
TOTAL FRINGE BENEFITS \$			_____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	No. of DAYS (OR HOURS) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES \$			_____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS	DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	COST SHARE	TOTAL
_____	()	()	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS \$					_____	_____	_____

Specifications for Projects that Develop Digital Products

PART I. COMPLETE THE APPROPRIATE SECTIONS:

A. Converting Non-Digital Material to Digital Format

1. Describe types and original formats of materials to be selected for digitization and quantity of each.
2. Identify copyright issues and other potential restrictions with regard to the original non-digital material.
☐ Public domain ____ % of total ☐ Permissions have been obtained ____ % of total
☐ Permissions to be requested ____ % of total Plan to address:
☐ Privacy concerns ____ % of total Plan to address:

☐ Other ____ % of total - Explain.
3. Describe how the newly digitized material will be made available to the public. Explain the terms of access and conditions of use. Identify and explain any restrictions that will apply to digitized material, and specify what percentage if any of the total material will be subject to restrictions.
4. List the equipment and software, with specifications, whether purchased, leased or outsourced, that will be used (e.g., camera, scanner, server, A/D audio or video converter):

B. Creating New Digital Content

1. Describe types of materials to be created in digital form and quantity of each.
2. Describe plan to obtain releases/permissions from project content creators and subjects.
3. Describe disposition of ownership and use rights of new product.
4. List the equipment and software, with specifications, whether purchased, leased or outsourced, that will be used (e.g., camera, audio recording equipment, video recording equipment, encoding software, server).

C. Repurposing Existing Digital Content

1. Describe types and formats of digital materials to be selected for repurposing and quantity of each.
2. Identify copyright issues and other potential restrictions with regard to the original digital material.
☐ Public domain ____ % of total ☐ Permissions have been obtained ____ % of total
☐ Permissions to be requested ____ % of total - Plan to address.
☐ Privacy concerns - ____ % of total Plan to address:
☐ Other ____ % of total - Explain.
3. Describe how the newly digitized material will be made available to the public. Explain the terms of access and conditions of use. Identify and explain any restrictions that will apply to digitized material, and specify what percentage if any of the total material will be subject to restrictions.
4. List the equipment and software, with specifications, whether purchased, leased or outsourced, that will be used (e.g. MPEG encoder, non-linear editing system, GIS software).

PART II. ANSWER ALL QUESTIONS:

5. Specify each type of file format (e.g., TIFF, JPEG, MPEG) to be produced and anticipated quality (e.g. minimum resolution, depth, tone, pixel dimensions, file size, sampling rate) of each.

Master

Access

Thumbnail

6. Describe the delivery medium that will be used (e.g. Internet, broadcast, DVD).
7. Describe the underlying software to manage and/or present the content (e.g. DSpace, Fedora, ContentDM).
8. Describe the quality control plan.
9. Explain how descriptive and administrative metadata will be produced and used to describe and manage the content. Include the standards that will be used for data structure, content (e.g. thesauri), protocols, preservation and administrative information and communication of the content (e.g., MARC, EAD, Dublin Core, PBCore, VRA Core Categories, or Categories for the Description of Works of Art).

10. Describe plans for preservation and maintenance of the digital files during and after the expiration of the grant period (i.e., storage systems, migration plans and commitment of institutional funding).
11. If content will be provided on the Internet, indicate agreement to submit collection level records for digital products to the IMLS Digital Collections Registry. State reasons for selecting alternative approaches.
12. Provide URL(s) for applicant's previous digital products, if applicable.

Task	Start Month	End Month
Data Requirements	Aug.	Sept.
Design and Pre-test	Aug.	Feb.
Conduct Survey	Nov.	Jan.
Data Analysis	Nov.	July
Web Site	Jan.	April
Teleconference	Jan.	May
Training Institute	Feb.	July
Evaluation	Dec.	July
Conferences	May	June
Training Institute	March	April
Final Report Dissemination	May	July

Grant Processing Information Sheet

ELIGIBILITY REQUIREMENTS

ALL IMLS MUSEUMS FOR AMERICA GRANT APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS.

1. Is the institution either a unit of state or local government or a private not-for-profit organization that has tax-exempt status under the Internal Revenue Code that is organized on a permanent basis for essentially educational or aesthetic purposes?
☐ Yes ☐ No
2. Does the institution own or use tangible objects, whether animate or inanimate?
☐ Yes ☐ No
3. Does the institution care for tangible objects, whether animate or inanimate?
☐ Yes ☐ No
4. Are these objects exhibited by the institution to the general public on a regular basis through facilities the institution owns or operates?
☐ Yes ☐ No
5. Is the institution open and exhibiting tangible objects to the general public at least 120 days a year through facilities the institution owns or operates?
☐ Yes ☐ No
6. Does the institution employ at least one professional staff member, or the fulltime equivalent, whether paid or unpaid, who is primarily engaged in the acquisition, care, or exhibition to the public of tangible objects owned or used by the institution?
☐ Yes ☐ No